MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11864

11862

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne R.D. X
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Queen Anne X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucinda (Middle) (Last) Butler

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 10, 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot, Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Edward Butler
14. MOTHER'S MAIDEN NAME: Nancy Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Wm. G. Butler, Queen Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis + malnutrition

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Dec. 6, 1954, that I last saw the deceased alive on Dec. 6, 1954, and that death occurred at 11 50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Wm. Martin, Jr. MD
ADDRESS Queenstown, Md.
DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Dec. 14, 54
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/14/54
REGISTRAR'S SIGNATURE N. H. Nerrie
Elsie Armstrong mut.
24. FUNERAL DIRECTOR [signature]
ADDRESS Exton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1954
BUREAU V. S.

11863 **MARYLAND STATE DEPARTMENT OF HEALTH** 11865

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barclay — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Barclay
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LEROY (Last) COMMODORE
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 7-1954
9. AGE last birthday: yrs. — If under 1 year: Months 6 Days 15 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Franklin Commodore
14. MOTHER'S MAIDEN NAME: Shirley Ann Banks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Franklin Commodore, Barclay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

056.1

Immediate cause (a) Bronchial Pneumonia — 0 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pertussis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1954, to Dec 21, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: C H Uftcalhe (Degree or title) MD — ADDRESS: Sudlersville, Md — DATE SIGNED: 12/23/54

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: Dec. 23 — NAME OF CEMETERY OR CREMATORY: Barclay Col. Cem. — LOCATION (City, town, or county): Barclay (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 23 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

2064193404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11863 **CERTIFICATE OF DEATH** 11866

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location) Hope

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) BELLE (Last) EVERETT

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan - 8 · 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): McGreenshaw Caroline Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Andrew Clough

14. MOTHER'S MAIDEN NAME: Mary Wells

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Katherine Everett Centreville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Acute dilatation of the heart

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arthritis Sclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Full bladder

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 27, 1954, that I last saw the deceased alive on 12/26, 1954, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE H. F. McPherson (Degree or title) M.D. — ADDRESS — DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 29-54 — NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield — LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 12/28/54 — REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros. — ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1895
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11867

11863 5

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:
COUNTY Queen Annes | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester | LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) JONES

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29-1868

9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Church Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darius Jones

14. MOTHER'S MAIDEN NAME: Cecelia Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-14-8076

17. INFORMANT & ADDRESS: William Henry Jones Chester, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Myocardial Insufficiency	2-3 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	Years.
	DUE TO (c) Arteriosclerotic Cardiovascular Disease	Years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 54, to Nov. 30, 19 54, that I last saw the deceased alive on Nov. 30, 19 54, and that death occurred at 6 00 AM, from the causes and on the date stated above.

SIGNATURE G. Wm. Martin Jr. (Degree or title) M.D. ADDRESS Queenstown, Md. DATE SIGNED Dec. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 12-54 | NAME OF CEMETERY OR CREMATORY Stemmers | LOCATION (City, town, or county) (State) Stemmers Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 12, 1954 | REGISTRAR'S SIGNATURE Elizabeth Hopkins

24. FUNERAL DIRECTOR Baxter Bros | ADDRESS Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11868

11863½

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location) Water Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MINNIE	PEARL	MORGAN	Dec.	13	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Dec 20-1918	35 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Za Co - Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Henry Breen	Agnes Pinder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	no	None	Olson James Morgan Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1998

Immediate cause (a) Carcinoma of uterus - rectum

DUE TO

Antecedent causes (b) bladder
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10 19 54, to 12/13 19 54, that I last saw the deceased alive on 12/12 19 54, and that death occurred at 1.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Henry Frasier M. D.	Centreville Md	12/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 15-54	Sudlersville	Sudlersville Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/15/54	Elsie Armstrong	Baxter Bros.	Centreville Maryland

RECEIVED
DEC 23 1934
BUREAU V. S.

11867 **MARYLAND STATE DEPARTMENT OF HEALTH** 11869

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) (Last) ROLPH
4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1954
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 25-1867
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Austin
14. MOTHER'S MAIDEN NAME Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS George Ridgly = Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Grand Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 25, 1954, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. D. Mitchell M.D. ADDRESS Ludlowsville Md. DATE SIGNED 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Dec. 31 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. Dec. 30, 1954 REGISTRAR'S SIGNATURE Edgar L. Lane mab. 24. FUNERAL DIRECTOR Edgar L. Lane = Church Hill, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1955
BUREAU V. S.

11868

11870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Barclay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 14-37-2
STREET ADDRESS (If rural, give location) 520 W. High St.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) F. (Last) Smith
4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 21 1883
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian (retired)
10b. KIND OF BUSINESS OR INDUSTRY Postal Dept.
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME E. Frank Smith (deceased)
14. MOTHER'S MAIDEN NAME Annie E. Biggs (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If No. (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS (Wife) Mrs. Iva M. Smith - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Cerebral Hemorrhage — 1952

(260K)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to Dec 7, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE C H Mitchell (Degree or title) M.D. ADDRESS Lucasville Md DATE SIGNED 12/7/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 10, 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown (State) Maryland

DATE REC'D BY LOCAL REG. 12-7
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 19[illegible]
BUREAU V. S.